	Connecticut Departmen	nt of Public H	lealth	D	rinkin	g Water	Section	
	Water Quality Mo	onitoring an	d Con	npl	liance	Schedule	9	
PWS ID	PWS Name			Cla	ssification	Population (Owner Type Pr	imary Source
CT0055013	MALLORY BROOK PLAZA - WELL #1				NC	36	Р	GW
Local Address (v	where applicable)	Service	Resider	ntial	Commerc	cial Industria	Combined	Agricultural
380 NEW HART	FORD ROAD (ROUTE 44)	Connections			4			
Towns Served: I	BARKHAMSTED							
	M	onitoring Requ	uireme	nts	5			
Water System	Facility: DISTRIBUTION SYSTEM (WSF ID: 00600)						
Total Coliforn	n (3100)					1	routine (RT) p	er quarter
Sampling I	Point (Sampling Point ID)		Monitor	ing F	Period	Collection Peri	od Compli	ance Status
Select fron	n Inventory of Active Sampling Points		10/1/18	- 12/	/31/18		Coi	mplete
			1/1/19	- 3/3	31/19			
			4/1/19					
			7/1/19	- 9/3	80/19			
Physical Para							routine (RT) p	•
	Point (Sampling Point ID)		Monitor			Collection Peri		ance Status
Select fron	n Inventory of Active Sampling Points		10/1/18				Coi	mplete
			1/1/19					
			4/1/19					
M/-1 61	5. (1) FAITDY DOINT (MCF ID O	2200)	7/1/19	- 9/3	80/19			
•	Facility: ENTRY POINT (WSF ID: 0	0700)					4 11 /5:	- \
Nitrate And N	NITRITE (NOX) Point (Sampling Point ID)		Monitor	in a F	Doutod	Collection Peri	1 routine (R	n) per year <i>nce Status</i>
				_		Conection Pen		
ENTRY POI	N1 (5)		1/1/18 - 1/1/19 -				COI	mplete
			1/1/20 -					
	Oth	er Compliance						
Compliance Sch		er comphanic			Date	Achiev	ed Date	
	TION SURVEY REPORT				/2017	71011101		
		Notification F						
		Compliance	Notice			Notification	PN Cert	ification
Violation/Situa	tion	Period	Tier		Required		-	Received
Physical Parame	eters M&R Violation	7/1/09 - 9/30/09	3		12/1/2010		12/11/2010	
Nitrate And Nit	rite M&R Violation	1/1/14 - 12/31/14	3		4/6/2016		4/16/2016	
	Water System F	acility and Sa	mpling	Po	int Inve	entory		
Water	,	•	. 0			otal Lead o	and	

	W	later System Facili	ity and Sampling P	Point In	nvento	ry			
Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule	Lead and Copper Rule Tier	Asbestos	WQP	Stage 2 DBPR
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	Α	Υ				
		DOWNSTREAM	WITHIN 5 SERVICE CON	Α					
		UPSTREAM	WITHIN 5 SERVICE CON	Α					
00700	ENTRY POINT	3	ENTRY POINT	Α					
23090	WELL #1	2	WELL #1	Α					
56508	BLADDER TANK								

Connecticut Department of Public Health Drinking Water Section
Water Quality Monitoring and Compliance Schedule

				_			
PWS ID	PWS Name			Classification	Population	Owner Type	Primary Source
CT0055013	MALLORY BROOK PLAZA - WELL #1			NC	36	Р	GW
Local Address (v	vhere applicable)	Service	Resider	ntial Commerc	ial Industri	al Combine	ed Agricultural
380 NEW HART	FORD ROAD (ROUTE 44)	Connections		4			

		Co	ontact Inf	ormation				
		Organization	า	Job Title				
	Mallory Broo	ok Development LLC		President				
Mailing Address Line One Mailing Addr					City	State	Zip Code	
et					Brooklyr	1	NY	11230-4501
Extension	Fax	Mo	obile Phone	Emergency Phone	Email Ad	ddress		
				203-449-6166				
	eet	eet	e One Mailing Addr	Organization Mallory Brod e One Mailing Address Line Two eet	eet Extension Fax Mobile Phone Emergency Phone	Organization Mallory Brook Development LLC e One Mailing Address Line Two eet Brooklys Extension Fax Mobile Phone Emergency Phone Email Ad	Organization Mallory Brook Development LLC President e One Mailing Address Line Two City et Brooklyn Extension Fax Mobile Phone Emergency Phone Email Address	Organization Mallory Brook Development LLC President e One Mailing Address Line Two City State Brooklyn NY Extension Fax Mobile Phone Emergency Phone Email Address

Contact Role(s): Administrative Contact, Legal Contact, Owner

Please note the following:

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- 3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

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http://www.ct.gov/dph/publicdrinkingwater

End of schedule

Connecticut Department o	f Public l	Health D	rin	king	g W	ater	Sec	tion	
Water Quality Moni	toring ar	nd Comp	liai	nce	Sch	edul	e		
PWS ID PWS Name	000000			cation	_			r Type P	rimary Source
CT0050014 AMERICAN LEGION SF / AUSTIN F. HAWES			N	С	-	12		S	GW
Local Address (where applicable)	Service	Residentia	Cor	mmerc	ial Ir	ndustria	al C	ombined	Agricultural
106 EAST RIVER ROAD	Connection	s 7							
Towns Served: BARKHAMSTED							'		
Monit	toring Req	uirement	S						
Water System Facility: DISTRIBUTION SYSTEM (WSF	ID: 00600)								
Total Coliform (3100)						1	routi	ne (RT)	per quarter
Sampling Point (Sampling Point ID)		Monitoring			Collect	ion Per	iod	Compli	ance Status
Select from Inventory of Active Sampling Points		4/1/19 - 6/							
		7/1/19 - 9/	30/19	9					
Physical Parameters (PPS)									per quarter
Sampling Point (Sampling Point ID)		Monitoring			Collect	ion Per	iod	Compli	ance Status
Select from Inventory of Active Sampling Points		4/1/19 - 6/							
	,	7/1/19 - 9/	30/19	9					
Water System Facility: ENTRY POINT (WSF ID: 00700									
Nitrate And Nitrite (NOX)								=	T) per year
Sampling Point (Sampling Point ID)		Monitoring			Collect	ion Per	iod		ance Status
ENTRY POINT (3)		1/1/18 - 12/						Co	mplete
		1/1/19 - 12, 1/1/20 - 12,							
Other (Complianc			20					
	Complianc					A alai a			
Compliance Schedule Activity SEASONAL START UP COMPLETION			201			Achie	vea D	ate	
	l'1 l C .		/201						
Water System Faci	lity and Sa	ampling Po	oint	Inve	ento	ry			
Water System Water System Facility Sampling Point Facility ID ID	t Sampling Po Description		Stat	Co	Total liform Rule		er	A <i>sbestos</i>	Stage WQP 2 DBPR
00600 DISTRIBUTION SYSTEM 4	DISTRIBUTIO	ON SYSTEM	А		Υ				
DOWNSTREAM	WITHIN 5 SE	ERVICE CON	Α	١					
UPSTREAM	WITHIN 5 SE	ERVICE CON	Α	١					
00700 ENTRY POINT 3	ENTRY POIN	IT	Α	١					
20108 WELL 2	WELL		А	١					
Col	ntact Infor	rmation							
Name (Organization						J	lob Title	
State of CT Dept of Revenue Services									
Mailing Address Line One Mailing Addre	ss Line Two				С	ity		State	Zip Code
106 East River Rd				Barkh	amste	d		СТ	06063
Business Phone Extension Fax Mob	oile Phone I	Emergency Ph	one	Email	Addre	SS			
Contact Role(s): Owner									

(Connectic	ut Depa	rtment	of Pu	blic F	lealth	Drir	nking	Water	Section	
	Wat	ter Qua	lity Mon	itori	ng an	d Con	nplia	nce S	chedul	e	
PWS ID	PWS Name						Classif	ication	Population	Owner Type	Primary Source
CT0050014	AMERICAN LEGI	ON SF / AUS	TIN F. HAWE	S			N	С	42	S	GW
Local Address (wh	nere applicable)			Serv	/ice	Resider	ntial Co	mmercia	l Industri	al Combine	ed Agricultural
106 EAST RIVER R	OAD			Con	nections	7					
Towns Served: BA	ARKHAMSTED									,	
Name				Organiz	zation					Job Titl	e
Mr. David Cooley	1			Deep-E	ngineerir	ng Unit			Supv Civil	Engineer	
Mailing Address L	ine One		Mailing Add	ress Line	Two				City	State	Zip Code
163 Great Hill Ro	ad							Portlan	d	СТ	06480
Business Phone	Extension	Fax	M	obile Pho	one E	mergency	y Phone	Email A	ddress		
860-342-2215		860-344-	2560 86	0-205-75	552	860-424	-3333	david.co	ooley@ct.g	ov	
Contact Role(s):	Administrative	Contact. Les	al Contact. C	wner							

Contact Role(s): Administrative Contact, Legal Contact, Owner

Please note the following:

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http://www.ct.gov/dph/publicdrinkingwater

End of schedule

	Connecticut De	•				Ŭ				n	
	Water Q	Juality Monit	oring and	d Com	plia	nce S	che	dule			
PWS ID	PWS Name				Classifi	ication	Popul	ation O	wner Typ	e Pr	imary Source
CT005002	BRASS HORSE CAFE & N	NOTEL			N	С	2!	5	Р		GW
Local Add	ress (where applicable)		Service	Resident	ial Co	mmercia	al Inc	dustrial	Comb	ined	Agricultural
87 NEW F	HARTFORD ROAD		Connections			1					
Towns Se	rved: BARKHAMSTED										
		Monite	oring Requ	iiremei	nts						
Water Sy	stem Facility: DISTRIBUTIO	ON SYSTEM (WSF I	D: 00600)								
Total Co	liform (3100)							1 rc	outine (RT) p	er quarter
Sam	pling Point (Sampling Point ID)			Monitori	ng Perio	od Co	llection	on Perio	d Co	mpli	ance Status
Seled	ct from Inventory of Active Sam	pling Points	:	10/1/18 -	12/31/	18				Со	mplete
	•			1/1/19 -							mplete
				4/1/19 -							
				7/1/19 -							
Physical	Parameters (PPS)							1 rc	outine (RT) ı	er quarter
•	pling Point (Sampling Point ID))		Monitorin	ng Perio	od Co	llection	on Perio	•		ance Status
Seled	ct from Inventory of Active Sam	pling Points		10/1/18 -	_						mplete
	·	·		1/1/19 -	3/31/1	9				Co	mplete
				4/1/19 -							<u>.</u>
				7/1/19 -							
Water Sy	stem Facility: ENTRY POIN	T (WSF ID: 00700)									
Nitrate A	And Nitrite (NOX)								1 routin	e (R	T) per year
Sam	pling Point (Sampling Point ID))		Monitori	ng Perio	od Co	llectio	on Perio	d Co	mpli	ance Status
ENT	RY POINT (3)			1/1/18 - 3	12/31/1	18				Co	mplete
				1/1/19 - 3	12/31/1	19					
				1/1/20 - 3	12/31/2	20					
	Wate	er System Facili	ity and Sar	npling	Point	t Invei	ntor	У			
Water						То	tal	Lead an	nd		
System	Water System Facility	Sampling Point	Sampling Poi	nt		Colif	form	Coppe	r		Stage
Facility IE)	ID	Description		Sta	tus Ri	ule	Rule Ti	er Asbe	stos	WQP 2 DBPR
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION	N SYSTEM	A	Α, ,	Y				
		DOWNSTREAM	WITHIN 5 SER	VICE CON	l A	A					
		UPSTREAM	WITHIN 5 SER	VICE CON	I A	A					
00700	ENTRY POINT	3	ENTRY POINT		Þ	4					
20109	WELL	2	WELL		Þ	A					
		Con	tact Inforr	nation							
Name			rganization						Job T	itle	
Ms. Kim I	Hamel		rass Horse Cafe	. LLC			Pres	ident			
	ddress Line One	Mailing Addres		-			Cit		Stat	e	Zip Code
	artford Road	2 8				Barkhar		•	СТ		06063
							.5.00				

Emergency Phone Email Address

860-689-4088

Mobile Phone

Business Phone

860-738-2017

Extension

Contact Role(s): Administrative Contact, Legal Contact, Owner

Fax

Connecticut Department of Public Health Drinking Water Section
Water Quality Monitoring and Compliance Schedule

	Tracer Quarrey 1-1011.	reor mg am	a	· · P	idiioo t	onean	. —	
PWS ID	PWS Name			Clas	ssification	Population	Owner Type	Primary Source
CT0050024	BRASS HORSE CAFE & MOTEL				NC	25	Р	GW
Local Address (where applicable)	Service	Resider	ntial	Commerci	al Industri	al Combine	ed Agricultural
87 NEW HARTF	ORD ROAD	Connections			1			
Tarrina Camira di	DADKHANACTED							

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End of schedule

	Connectic	ut Depa	rtme	nt of	Public	Health	D	rinki	ng V	Vater	Se	ection	
	Wat	ter Qua	lity M	onit	oring ar	nd Con	ıpl	lianc	e Scl	hedu	le		
PWS ID	PWS Name							ssificatio			_	ner Type I	rimary Source
CT0050044	LOG HOUSE RES	TAURANT IN	IC.					NC		25		Р	GW
Local Address	(where applicable)				Service	Residen	tial	Comme	ercial	Industr	ial	Combined	l Agricultural
110 NEW HAR	TFORD ROAD				Connection	S						4	
Towns Served:	BARKHAMSTED								'				
			M	lonite	oring Req	uireme	nts	;					
Water Syster	n Facility: DISTR	IBUTION S	YSTEM ((WSF I	D: 00600)								
Total Colifor	m (3100)									:	1 rou	ıtine (RT)	per quarter
Sampling	Point (Sampling P	oint ID)				Monitori	ng F	Period	Colle	ction Pe	eriod	Comp	iance Status
Select fro	m Inventory of Act	ive Sampling	Points			10/1/18 -	12/	31/18				С	omplete
						1/1/19 -	3/3	1/19				С	omplete
						4/1/19 -	6/3	0/19					
						7/1/19 -	9/3	0/19					
Physical Para	ameters (PPS)									:	1 rou	ıtine (RT)	per quarter
Sampling	Point (Sampling P	oint ID)				Monitori	ng F	Period	Colle	ction Pe	eriod	Comp	iance Status
Select fro	m Inventory of Act	ive Sampling	Points			10/1/18 -	12/	31/18				С	omplete
						1/1/19 -						С	omplete
						4/1/19 -							
						7/1/19 -	9/3	0/19					
Water Syster	n Facility: ENTR	Y POINT (V	VSF ID: 0	0700)									
	Nitrite (NOX)										1	_	RT) per year
Sampling	Point (Sampling P	oint ID)				Monitori	ng F	Period	Colle	ction Pe	eriod	Comp	iance Status
ENTRY PC	DINT (3)					1/1/18 -						С	omplete
						1/1/19 -							
						1/1/20 -	12/3	31/20					
		Water Sy	ystem	Facili	ity and Sa	ampling	Po	int In	vent	ory			
Water									Total	Lead	and		
-	ter System Facility				Sampling P			(Colifor		per 		Stage
Facility ID			ID		Description			Status	Rule	Rule	Tier	Asbestos	WQP 2 DBPR
00600 DIS	TRIBUTION SYSTEM		4		DISTRIBUTIO			Α	Υ				
					WITHIN 5 SI			A					
			UPSTR	EAM	WITHIN 5 SI		V	Α					
	TRY POINT		3		ENTRY POIN	JT		Α					
20111 WE	LL		2		WELL			Α					
				Con	tact Info	rmation							
Name				0	rganization							Job Title	
Mr. Gary Dilec)												
Mailing Addre	ss Line One		Mailing A	Addres	s Line Two					City		State	Zip Code
110 New Hartf	ord Road				1			Wir	rsted			СТ	06098
Business Pho	one Extension	Fax		Mobi	le Phone	Emergency	Pho	one Em	ail Add	ress			

logrestaurant@sbcglobal.net

860-379-8937

Contact Role(s): Administrative Contact

C	onnecticut	. Depa	irtment of	Public	Health	Drir	ıking	Water	Section			
	Wate	r Qua	lity Monit	oring ar	nd Con	nplia	nce S	chedul	le			
PWS ID P\	WS Name					Classif	ication	Population	Owner Type	Primary Source		
CT0050044 LC	OG HOUSE RESTA	URANT IN	IC.			N	IC	25	Р	GW		
Local Address (whe	ere applicable)			Service	Resider	ntial Co	mmercia	al Industri	al Combine	ed Agricultural		
110 NEW HARTFOR	RD ROAD			Connection	S				4			
Towns Served: BAF	KHAMSTED			1					1			
Name			Oi	rganization					Job Titl	e		
Mr. Joseph Dileo			Lo	g House Res	tuarant Ind	:		Property	Owner			
Mailing Address Lir	ne One		Mailing Address	s Line Two				City	State	Zip Code		
110 New Hartford	Rd						Barkha	msted	СТ	06063		
Business Phone	Extension	Fax	Mobi	le Phone	Emergency	y Phone	Email A	ldress				
Contact Role(s): L	egal Contact. Ow	vnor.										

Contact Role(s): Legal Contact, Owner

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End of schedule

Connecticut Department of Public Health Drinking Water Section
Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name			Cla	ssification	Population	Owner Type	Primary Source
CT0050074	VILLAGE OF BOULDER RIDGE- WELL #1				NC	25	Р	GW
Local Address (v	where applicable)	Service	Resider	ntial	Commerci	al Industri	al Combine	ed Agricultural
104 GOOSE GRE	EN ROAD	Connections			5			

BLADDER TANKS

56631

Monitoring Requirements									
Water System Facility: DISTRIBUTION SYSTEM (WSF ID: 00600)									
Total Coliform (3100)		1 rou	tine (RT) per month						
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status						
Select from Inventory of Active Sampling Points	5/1/19 - 5/31/19								
	6/1/19 - 6/30/19								
	7/1/19 - 7/31/19								
	8/1/19 - 8/31/19								
	9/1/19 - 9/30/19								
Physical Parameters (PPS)		1 rou	tine (RT) per month						
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status						
Select from Inventory of Active Sampling Points	5/1/19 - 5/31/19								
	6/1/19 - 6/30/19								
	7/1/19 - 7/31/19								
	8/1/19 - 8/31/19								
	9/1/19 - 9/30/19								
Water System Facility: ENTRY POINT (WSF ID: 00700)									
Nitrate And Nitrite (NOX)		1 rout	ine (RT) per quarter						
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status						
ENTRY POINT (3)	4/1/19 - 6/30/19								
	7/1/19 - 9/30/19								
Other Complian	nce Schedules								

Compliance Schedule Activity Achieved Date Due Date SEASONAL START UP COMPLETION 5/30/2019

Water System Facility and Sampling Point Inventory Water Total Lead and **Water System Facility** Sampling Point Sampling Point System **Coliform** Copper Stage Facility ID ID **Description** Rule Rule Tier Asbestos WQP 2 DBPR Status Υ 00600 DISTRIBUTION SYSTEM **DISTRIBUTION SYSTEM** Α DOWNSTREAM WITHIN 5 SERVICE CON Α **UPSTREAM** WITHIN 5 SERVICE CON Α 00700 **ENTRY POINT** 3 **ENTRY POINT** Α 20114 WELL #1 2 WELL #1 Α

				Co	ntact Info	ormation				
Name					Organization				Job Title	
Mr. Oscar Ebner				,	Village On Bo	ulder Ridge		Manager		
Mailing Address Line One Mailing Addr			Addre	ress Line Two			City	State	Zip Code	
1 Torrington Office	Plaza		Ste. 308	8			Torringto	on	СТ	06790
Business Phone	Extension	Fax		Mol	bile Phone	Emergency Phone	Email Address			
860-626-8300						860-459-8473				

NOTE: This information has been provided to help owners and operators of public water systems maintain compliance with drinking water quality monitoring requirements. Any inaccuracies contained herein will not relieve the owner or operator of the requirement to maintain compliance with the applicable regulations.

С	onnectic	ut Depa	rtment	of	Public H	Health	Drir	king '	Water S	Sect	tion	
	Wat	ter Qual	lity Mor	nit	oring an	d Com	plia	nce So	chedule	9		
PWS ID PV	WS Name						Classifi	cation P	opulation (Owne	r Type P	rimary Source
CT0050074 V	ILLAGE OF BOU	LDER RIDGE	- WELL #1				N	С	25	F)	GW
Local Address (whe	ere applicable)				Service	Resident	ial Co	mmercial	Industrial	Co	ombined	Agricultural
104 GOOSE GREEN	I ROAD				Connections			5				
Towns Served: BAF	RKHAMSTED											
Contact Role(s): L	egal Contact, C)wner										
Name				Or	ganization					Jo	ob Title	
Mr. Kevin R. Ebnei	r			Eb	ner Camps In	c.			President			
Mailing Address Lir	ne One		Mailing Add	dress	s Line Two				City		State	Zip Code
176 Migeon Avenu	ie							Torringto	on		CT	06790
Business Phone	Extension	Fax	N	1obil	le Phone E	mergency	Phone	Email Ad	ldress			
860-379-4050		860-626-8	3301			860-459-8	3473	Kevin@a	wosting.co	m		
Contact Role(s): L	egal Contact											
Name				Or	ganization					Jo	ob Title	
Mr. Darren Ley												
Mailing Address Lin	ne One		Mailing Add	dress	s Line Two				City		State	Zip Code
176 Migeon Ave								Torringto	on		СТ	06790
Business Phone	Extension	Fax	N	1obil	le Phone E	mergency	Phone	Email Ad	ldress			
860-379-6500								darren@	boulderday	.com		
Contact Role(s):	Administrative	Contact										

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End of schedule

	Connecticut D	enartment of	Public H	ealth	Drin	king V	Vater	Se	ction	
		Quality Monit							Ction	
PWS ID	PWS Name	Zuanty Monit	oring and	a Com				_	ner Tyne P	rimary Sourc
CT005010		ΝΙC ΔRFΔ			N		26	OWI	S	GW
	ress (where applicable)	CIVIC AILLA	Service	Resident		mmercial	Industri	اد	Combined	
EAST RIVE			Connections	4	liai Coi	IIIIEICIAI	muustii	aı	Combined	Agricultura
	rved: BARKHAMSTED			4						
TOWNS SEI	IVEU. DAIRITAIVISTED	Monit	oring Requ	iromo	nts					
Water Sv	vstem Facility: DISTRIBUTION			iii eiiiei	1163					
	liform (3100)	0.11.01.01.1.1.1	J. 00000,				1	rou	tine (RT)	per quarter
	pling Point (Sampling Point ID)		Monitorii	na Perio	d Colle	ction Pe			ance Status
_	ct from Inventory of Active San			10/1/18 -						mplete
	······································			1/1/19 -						mplete
				4/1/19 -						1
				7/1/19 -						
Physical	Parameters (PPS)						1	rou	tine (RT)	per quarter
Samı	pling Point (Sampling Point ID)		Monitorii	ng Perio	d Colle	ection Pe	riod	Compli	ance Status
Selec	ct from Inventory of Active San	npling Points	:	10/1/18 -	12/31/2	18			Co	mplete
				1/1/19 -	3/31/19	9			Co	mplete
				4/1/19 -	6/30/19	9				
				7/1/19 -	9/30/19	9				
Water Sy	stem Facility: ENTRY POIN	NT (WSF ID: 00700)								
Nitrate A	And Nitrite (NOX)							1	routine (R	T) per year
Sam	pling Point (Sampling Point ID)		Monitorii	ng Perio	d Colle	ection Pe	riod	Compli	ance Status
ENTR	RY POINT (3)			1/1/18 - 1	12/31/1	8			Co	mplete
				1/1/19 - :	12/31/1	9				
				1/1/20 - :	12/31/2	0				
	Wat	er System Facili	ty and Sar	npling	Point	Invent	ory			
Water						Tota	l Lead	and		
System	Water System Facility	Sampling Point		nt		Colifor				Stage
Facility ID)	ID	Description		Stat	tus Rule	Rule	Tier	Asbestos	WQP 2 DBP
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION	I SYSTEM	Α	. Y				
		DOWNSTREAM	WITHIN 5 SER	VICE CON	I A					
		UPSTREAM	WITHIN 5 SER	VICE CON	I A	ı				
00700	ENTRY POINT	3	ENTRY POINT		Α	ı				
20117	WELL	2	WELL		А	·				
56665	BLADDER TANKS									
		Con	tact Inforr	nation						
Name			ganization						Job Title	
Mr. David	l Cooley		eep-Engineerin	g Unit		9	Supv Civil	Engi		
	ddress Line One	Mailing Address		-			City		State	Zip Code
		<u> </u>					•			•

Mobile Phone

860-205-7552

Portland

david.cooley@ct.gov

Emergency Phone Email Address

860-424-3333

СТ

06480

163 Great Hill Road

Business Phone

860-342-2215

Extension

Contact Role(s): Administrative Contact, Legal Contact, Owner

Fax

860-344-2560

Connecticut Department of Public Health Drinking Water Section
Water Quality Monitoring and Compliance Schedule

Water Quanty Fromtering and Compliance Senedate								
PWS ID	PWS Name			Clas	ssification	Population	Owner Type	Primary Source
CT0050104	PEOPLES S.F./MAIN PICNIC AREA				NC	26	S	GW
Local Address (v	where applicable)	Service	Resider	ntial	Commerci	al Industri	al Combine	ed Agricultural
EAST RIVER ROA	AD.	Connections	4					
		1						

Please note the following:

- 1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
- 2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
- 3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

If you have any questions, please contact the Drinking Water Section at (860) 509-7333.

http://www.ct.gov/dph/publicdrinkingwater

End of schedule

	Connecticut De	epartmen	t of Public H	ealth [orinking '	Water S	ection	
	Water O	uality Mo	onitoring and	l Comr	oliance So	chedule		
PWS ID	PWS Name	<u>-</u> <u>-</u> <u>-</u>	0 : :		lassification P		wner Type Pri	mary Source
CT0050114	PLEASANT VALLEY DRIV	E-IN			NC	25	Р	GW
Local Address	(where applicable)		Service	Residentia	I Commercial		Combined	Agricultural
47 RIVER ROA			Connections		1			
Towns Serve	d: BARKHAMSTED							
		M	onitoring Requi	irement	:s			
Water Syste	m Facility: DISTRIBUTIO	N SYSTEM (WSF ID: 00600)					
Total Colifo	orm (3100)					1 r	outine (RT) p	er quarter
Samplin	g Point (Sampling Point ID)		٨	Monitoring	Period Col	llection Perio	d Complia	ınce Status
Select fr	om Inventory of Active Sam	pling Points		4/1/19 - 6/	/30/19			
				7/1/19 - 9/	/30/19			
Physical Pa	rameters (PPS)					1 re	outine (RT) p	er quarter
Samplin	g Point (Sampling Point ID)		٨	Monitoring	Period Col	llection Perio	d Complia	ınce Status
Select fr	om Inventory of Active Sam	pling Points		4/1/19 - 6/	/30/19			
				7/1/19 - 9/	/30/19			
Water Syste	m Facility: ENTRY POIN	T (WSF ID: 00	0700)					
Nitrate And	Nitrite (NOX)						1 routine (R1	Γ) per year
Samplin	g Point (Sampling Point ID)		٨	/onitoring	Period Col	llection Perio	-	ınce Status
ENTRY P	OINT (3)		1	L/1/18 - 12	/31/18		Con	nplete
				1/1/19 - 12				
				L/1/20 - 12				
		Oth	er Compliance	Schedu	les			
Compliance S	Schedule Activity			Du	e Date	Achieve	d Date	
SEASONAL ST	ART UP COMPLETION			4/1	5/2019			
		Public	Notification Re	equiren	nents			
			Compliance	Notice	Public Not	<u>tification</u>	PN Certi	<u>fication</u>
Violation/Sit			Period	Tier	Required	Performed	Due to DPH	Received
	litrite M&R Violation		1/1/14 - 12/31/14	2	5/29/2015		6/8/2015	
E. Coli			4/1/18 - 6/30/18	3	8/31/2019		9/10/2019	
	Wate	r System F	acility and Sam	ipling P	oint Inven	itory		
Water					Tot	al Lead an	nd	
System W	ater System Facility	Sampling	Point Sampling Poin	t	Colife		r	Stage
Facility ID		ID	Description		Status Ru	le Rule Ti	er Asbestos I	NQP 2 DBPR
00600 DI	STRIBUTION SYSTEM	3	GENERATED B	Y BATCH	A Y	,		
		4	DISTRIBUTION	SYSTEM	A Y	′		
		DOWNSTI	REAM WITHIN 5 SER	/ICE CON	Α			
		UPSTRE	AM WITHIN 5 SER\	/ICE CON	Α			
00700 EN	ITRY POINT	3	ENTRY POINT		Α			
20118 W	ELL	2	WELL		Α			
			Contact Inform	nation				
Name			Organization				Job Title	
Mc Cathorin	o V. Jones		-					

City

Pleasant Valley

Emergency Phone Email Address

State

 CT

Zip Code

06063

Mailing Address Line Two

Mobile Phone

Ms. Catherine K. Jones
Mailing Address Line One

Business Phone

860-379-2389

Extension

Fax

P.O. Box 34

CT0050114	PLEASANT VALLEY DRIVE-IN	NC	25	Р	GW
PWS ID	PWS Name	Classification	Population	Owner Type	Primary So
	Water Quality Monitoring and Con	npliance S	Schedul	e	
The state of the s					

Connections

Residential Commercial

1

Industrial

Combined

Service

Towns Served: BARKHAMSTED

Local Address (where applicable)

Contact Role(s): Administrative Contact, Legal Contact, Owner

Please note the following:

47 RIVER ROAD

- The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
- If a Collection Period is specified, all water quality samples must be collected during the specified period.
- Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

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http://www.ct.gov/dph/publicdrinkingwater

End of schedule

Source

Agricultural

	domine the department of Fusing Training Water Section								
	Water Quality Monitoring and Compliance Schedule								
PWS ID	WS ID PWS Name				ssification	Population	Owner Type	Primary Source	
CT0050124	PLEASANT VALLEY GENERAL STORE				NC	28	Р	GW	
Local Address (v	vhere applicable)	Service	Residen	itial	Commerci	al Industri	al Combine	ed Agricultural	
111 RIVER ROAL)	Connections			1				

Connecticut Department of Public Health Drinking Water Section

Towns Served: BARKHAMSTED			
Monitor	ring Requirements		
Water System Facility: DISTRIBUTION SYSTEM (WSF ID	: 00600)		
Total Coliform (3100)		1 rout	ine (RT) per quarter
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	10/1/18 - 12/31/18		Complete
	1/1/19 - 3/31/19		Complete
	4/1/19 - 6/30/19		
	7/1/19 - 9/30/19		
Physical Parameters (PPS)		1 rout	ine (RT) per quarter
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	10/1/18 - 12/31/18		Complete
	1/1/19 - 3/31/19		Complete
	4/1/19 - 6/30/19		
	7/1/19 - 9/30/19		
Water System Facility: ENTRY POINT (WSF ID: 00700)			
Nitrate And Nitrite (NOX)		1 r	outine (RT) per year
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
ENTRY POINT (3)	1/1/18 - 12/31/18		Complete
	1/1/19 - 12/31/19		Complete
	1/1/20 - 12/31/20		
Water System Facility	v and Sampling Point In	ventory	

	vva	ter system Facili	ity and Sampling P	oint ir	iventoi	Y			
Water					Total	Lead and			
System	Water System Facility	Sampling Point	Sampling Point		Coliform	Copper		3	Stage
Facility II		ID	Description	Status	Rule	Rule Tier	Asbestos	WQP 2	DBPR
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	Α	Υ				
00700	ENTRY POINT	3	ENTRY POINT	Α					
20119	WELL	2	WELL	Α					

				Contact Inf	ormation					
Name		Organization	Organization Job Title							
Mr. Frank O'neill Motomo, LLC										
Mailing Address Lin	Mailing Address Line One			ddress Line Two	City Pleasant Valley		State	Zip Code		
			P.O. Box 1	71			СТ	06063		
Business Phone	Extension	Fax		Mobile Phone	Emergency Phone	Email Ad	dress			
860-402-3064						cavecreekfrank@gmail.com				

Contact Role(s): Administrative Contact, Legal Contact, Owner

Please note the following:

- 1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
- 2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
- 3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

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http://www.ct.gov/dph/publicdrinkingwater

End of schedule

NOTE: This information has been provided to help owners and operators of public water systems maintain compliance with drinking water quality monitoring requirements. Any inaccuracies contained herein will not relieve the owner or operator of the requirement to maintain compliance with the applicable regulations.

	Connecticut Departmen	nt of Public H	lealth D	rinking	g Water S	Section			
	Water Quality M	onitoring and	d Comp	liance	Schedule				
PWS ID	PWS Name	<u> </u>		assification		wner Type Pri	imary Source		
CT0050134	PLEASANT VALLEY UNITED METHODIS	ST CHURCH		NC	25	Р	GW		
Local Address (v	where applicable)	Service	Residentia	Commerc	ial Industrial	Combined	Agricultural		
93 RIVER ROAD		Connections		2					
Towns Served: I	BARKHAMSTED	1	II.						
	M	onitoring Requ	iirement	S					
Water System	Facility: DISTRIBUTION SYSTEM (WSF ID: 00600)							
Total Coliforn	n (3100)				1 r	outine (RT) p	er quarter		
Sampling I	Point (Sampling Point ID)		Monitoring	Period C	Collection Perio	iod Compliance Status			
Select fron	n Inventory of Active Sampling Points	:	10/1/18 - 12	/31/18	Complete				
			1/1/19 - 3/	31/19					
			4/1/19 - 6/						
			7/1/19 - 9/	30/19					
Physical Para	meters (PPS)				1 r	outine (RT) p	er quarter		
Sampling I	Point (Sampling Point ID)		Monitoring	Period C	Collection Perio	d Complia	ince Status		
Select fron	n Inventory of Active Sampling Points		10/1/18 - 12	2/31/18		Cor	nplete		
			1/1/19 - 3/	31/19					
			4/1/19 - 6/	30/19					
			7/1/19 - 9/	30/19					
Water System	Facility: ENTRY POINT (WSF ID: 0	0700)							
Nitrate And N	litrite (NOX)					1 routine (R	Γ) per year		
Sampling I	Point (Sampling Point ID)		Monitoring	Period C	Collection Perio	d Complia	ince Status		
ENTRY POI	NT (3)		1/1/18 - 12,	/31/18		Cor	nplete		
			1/1/19 - 12,	/31/19					
			1/1/20 - 12,	/31/20					
	Public	Notification R	equirem	ents					
		Compliance	Notice	Public N	<u>lotification</u>	PN Certi	<u>fication</u>		
Violation/Situa	tion	Period	Tier	Required	Performed	Due to DPH Received			
1			1						

Public Notification Requirements											
	Compliance	Notice	Public No	<u>tification</u>	PN Certi	<u>fication</u>					
Violation/Situation	Period	Tier	Required	Performed	Due to DPH	Received					
Total Coliform M&R Violation	10/1/14 - 12/31/14	2	3/19/2015		3/29/2015						
Physical Parameters M&R Violation	10/1/14 - 12/31/14	3	2/17/2016		2/27/2016						

	Water System Facility and Sampling Point Inventory											
Water					Total	Lead and						
System	Water System Facility	Sampling Point	Sampling Point		Coliform	Copper			Stage			
Facility ID)	ID	Description	Status	Rule	Rule Tier	Asbestos	WQP	2 DBPR			
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	Α	Υ							
		DOWNSTREAM	WITHIN 5 SERVICE CON	Α								
		UPSTREAM	WITHIN 5 SERVICE CON	Α								
00700	ENTRY POINT	3	ENTRY POINT	Α								
20120	WELL	2	WELL	Α								

Contact Information												
Name				Organizat	Organization				Job Title			
Mr. Eugene R. Deroode				Pleasant \	Pleasant Valley U. M. Church				Trustees Chairman			
Mailing Address Line One Mailing Addr				ddress Line Tv	ress Line Two			City	State	Zip Code		
93 River Road			P. O. Box	181			Pleasant	easant Valley CT 06				
Business Phone	Extension	Fax	Fax Mo		ne En	nergency Phone	Email Address					
860-298-2786		860-298-2	2927	860-978-095	57	860-379-3539	eugene.	eugene.deroode@cigna.com				

	Connecticut Department of Public Health Drinking Water Section											
	Wat	ter Qua	lity Moni	itoring a	nd Con	nplia	ance S	chedul	e			
PWS ID	PWS Name					Class	ification	opulation	Owner Type	Primary Source		
CT0050134	PLEASANT VALLE	Y UNITED N	1ETHODIST CH	IURCH			NC	25	Р	GW		
Local Address (w	here applicable)			Service	Resider	Residential Co		ommercial Industri		ed Agricultural		
93 RIVER ROAD	93 RIVER ROAD			Connection	าร		2					
Towns Served: B	ARKHAMSTED			·	·							
Contact Role(s):	Legal Contact, C)wner										
Name				Organization				Job Title				
Ms. Gail R Klein				Pleasant Valley Um Church				Trustee C	hair			
Mailing Address	Line One		Mailing Addre	ess Line Two			City		State	Zip Code		
Pleasant Valley U	Jmc P.O. Box 181						Pleasan	t Valley	СТ	06063		
Business Phone	e Extension	Fax	Мо	bile Phone	Emergency	/ Phon	e Email A	ddress				
860-738-9980							e3grk@	charter.net	t			
Contact Role(s):	Administrative	Contact			·			·				

Please note the following:

- 1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
- 2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
- 3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

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http://www.ct.gov/dph/publicdrinkingwater

End of schedule

Co	Connecticut Department of Public Health Drinking Water Section											
	Wa	ter Quality M	lonit	oring a								
PWS ID PW	/S Name				С	lassific	cation F	Populatio	on Ow	ner Type	Primary Sou	ırce
CT0050144 RIV	/ERTON GENE	RAL STORE				NO		25		Р	GW	
Local Address (whe	re applicable)			Service	Residentia	l Cor	nmercia	Indus	trial	Combine	d Agricultu	ural
2 MAIN STREET				Connectio	ns		1					
Towns Served: BAR	KHAMSTED				·							
					quirement	ts						
•	•	IBUTION SYSTEM	(WSF I	D: 00600)								
Total Coliform (3	3100)								1 rou	ıtine (RT) per quart	er
Sampling Poin	t (Sampling P	oint ID)			Monitoring	Perio	d Co	llection l	Period	Comp	liance Statu	IS
Select from Inv	entory of Act	ive Sampling Points			10/1/18 - 12	2/31/1	18			(Complete	
					1/1/19 - 3,	/31/19	9			(Complete	
					4/1/19 - 6,	/30/19	9					
					7/1/19 - 9,	/30/19)					
Physical Paramet	ers (PPS)								1 rou	utine (RT) per quart	er
Sampling Poin	t (Sampling P	oint ID)			Monitoring	Perio	d Co	llection l	Period	Comp	liance Statu	1S
Select from Inv	entory of Act	ive Sampling Points			10/1/18 - 12	2/31/1	18			(Complete	
					1/1/19 - 3,	/31/19)			(Complete	
					4/1/19 - 6,	/30/19)					
					7/1/19 - 9,	/30/19	9					
Water System Fac	cility: ENTR	Y POINT (WSF ID:	00700)									
Nitrate And Nitri	te (NOX)								1	routine	(RT) per ye	ar
Sampling Poin	• •	oint ID)			Monitoring	Perio	d Co	llection l			liance Statu	
ENTRY POINT (3)				1/1/18 - 12	/31/1	8			(Complete	
,	•				1/1/19 - 12							
					1/1/20 - 12							
		Water System	Facili	ity and S				itory				
Water							Tot	al Lea	ad and	1		
*	stem Facility	•	_	Sampling H			Colif		opper		Sta	_
Facility ID		11	ס	Description	n	Stat	tus Ru	ile Ru	le Tier	Asbesto	s WQP 2 DI	BPR
00600 DISTRIBU	JTION SYSTEM	1 4	1	DISTRIBUT	ION SYSTEM	Α	. У	′				
		DOWNS	TREAM	WITHIN 5 S	SERVICE CON	Α						
		UPSTI	REAM	WITHIN 5 S	SERVICE CON	Α						
00700 ENTRY P	OINT	3	3	ENTRY POI	NT	Α						
20121 WELL		2	2	WELL		Α						
			Con	tact Info	rmation							
Name			0	rganization						Job Title		
Ms. Leslie Dimartin	La	nd Real Estat	Real Estate LLC Membe				ember					
Mailing Address Line One Mailing Address				s Line Two	Two City			State	Zip Code			
P.O. Box 48		2 Main	Street				Rivertor	1		СТ	06065	
Business Phone	Extension	Fax	Mobi	le Phone	Emergency P	none	Email A	ddress		1		

860-379-0811

Contact Role(s): Administrative Contact, Legal Contact, Owner

Connecticut Department of Public Health Drinking Water Section
Water Quality Monitoring and Compliance Schedule

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PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source		
CT0050144	RIVERTON GENERAL STORE	NC	25	Р	GW		
Local Address (v	Local Address (where applicable)			ntial Commerc	al Industri	ial Combine	ed Agricultural
2 MAIN STREET	MAIN STREET			1			

Please note the following:

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- 2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
- 3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

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http://www.ct.gov/dph/publicdrinkingwater

End of schedule

				'D 11:	** 7	1 5		1	AY	0		
C	onnectic	ut Departme:	nt of	Public	Healt	th D	rin	king \	Water	Sectio	n	
	Wa	ter Quality M	onit	oring a	nd Co	mn	liar	ice Sc	chedule	ع		
PWS ID P	WS Name	cor quarrey 12		011118 01	1101 00						P P	rimary Source
_	/HITE PINES CA	MDCITE				Cic	NC		100	P P		GW
Local Address (who		MVIFSITE		Service	Posid	ential		nmercial			nod	Agricultural
232 OLD NORTH R				Connection		entiai	COII		iiiuustiia	Comb	neu	Agricultural
				Connection	15			1				
Towns Served: BA	KKHAIVISTED							_	_	_		
		IV	lonit	oring Red	quirem	nents	S					
Water System Fa	cility: DISTR	IBUTION SYSTEM	(WSF I	D: 00600)								
Total Coliform	(3100)								1	routine (RT)	per quarter
Sampling Poi	nt (Sampling P	oint ID)			Monit	oring l	Perio	d Col	lection Peri	iod Co	mpli	ance Status
Select from Ir	nventory of Act	ive Sampling Points			4/1/1	9 - 6/3	30/19)			Co	mplete
	·				7/1/1	9 - 9/3	30/19)				 -
Physical Parame	eters (PPS)					-	-		1	routine (RT)	per quarter
· ·	nt (Sampling P	oint ID)			Monit	oring l	Perio	d Col	lection Peri	=		ance Status
		ive Sampling Points				.9 - 6/3					•	mplete
						9 - 9/3						<u></u>
Water System Fa	cility: ENTR	Y POINT (WSF ID: 0	0700)		· ·	,	•					
Nitrate And Nit	•	(3.0.1.2.1	,							1 routin	o (R	T) per year
	nt (Sampling P	oint ID)			Monit	orina	Perio	d Coli	lection Peri		-	ance Status
ENTRY POINT					1/1/18					ou co	_	mplete
LIVIKITOIIVI	(3)				1/1/19							Прісте
					1/1/20							
		041	C	l:				<u> </u>				
		Oti	ier C	ompliand	ce Scn	eaui	es					
Compliance Sched							Date	_	Achiev	ed Date		
SEASONAL START	UP COMPLETIO	N				4/1,	/2019	7				
		Publi	c Not	ification	Requi	rem	ent	S				
			С	ompliance	Not	ice	Pı	ublic Not	i <u>fication</u>	PN	Cert	rification
Violation/Situatio	n			Period	Tie	er	Req	uired	Performed	Due to	DPH	Received
REVISED TOTAL CO	DLIFORM RULE	(RTCR)	4/2/	/18 - 9/24/18	8 3	3	7/14	/2018		7/24/2	018	
		Water System	Facili	ity and S	amplir	ng Po	oint	Inven	torv			
Water		•		•	•			Tota	-	ınd		
	System Facility	Sampling	Point	Sampling P	Point			Colifo				Stage
Facility ID		ID		Description	1		Stat	us Rul	e Rule 1	Tier Asbe	tos	WQP 2 DBPR
00600 DISTRIE	BUTION SYSTEM	1 4		DISTRIBUTI	ON SYST	EM	Α	Υ				
		DOWNS	REAM	WITHIN 5 S	ERVICE C	ON	Α					
		UPSTR	EAM	WITHIN 5 S	ERVICE C	ON	Α					
00700 ENTRY	POINT	3		ENTRY POI	NT		Α					
22580 WELL#	1	2		WELL			Α					
22581 WELL		2		WELL			Α					
22301 ***		_			rmoti	210	,,					
Name				tact Info	iiiali	JII				–	4.1	
Name	_		Oi	rganization						Job T	tie	
Mr. Michael Busch							1		6''			7: 6 !
Mailing Address Li	ne One	Mailing	Addres	s Line Two					City	Stat	е	Zip Code
232 Old North Rd		_						Barkham		СТ		06063
Business Phone	Extension	Fax	Mobi	le Phone	Emerger	ncy Ph	one	Email Ad	dress			

mbusch210@gmail.com

516-375-8914

Connecticut Department of Public Health	Dr	in	king	g W	ater	Se	ction	l
Water Quality Monitoring and Com	ıpl	iar	ice :	Sch	edul	le		
				1 _		1 _		

PWS ID	PWS Name					Clas	sification	Population	Owner Type	Primary Source
CT0050224	224 WHITE PINES CAMPSITE						NC	100	Р	GW
Local Address (v	where applicable)			Service	Resider	ntial	Commerci	al Industri	al Combine	ed Agricultural
232 OLD NORTH	l ROAD			Connections			1			

Contact Role(s): Administrative Contact, Legal Contact, Owner

Please note the following:

- 1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
- 2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
- 3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

If you have any questions, please contact the Drinking Water Section at (860) 509-7333.

http://www.ct.gov/dph/publicdrinkingwater

End of schedule

Connecticut Department of Public Health	Drinking	g Water	Section	
Water Quality Monitoring and Con	npliance S	Schedul	e	
DWS Name	Classification	Population	Owner Type	Drin

PWS ID	PWS Name			Cla	ssification	Population	Owner Type	Primary Source
CT0055063	MALLORY BROOK PLAZA - WELL #2				NC	33	Р	GW
Local Address (where applicable)	Service	Resider	ntial	Commercia	al Industri	al Combine	ed Agricultural
NEW HARTFOR	D ROAD (ROUTE 44)	Connections			8			

TOWIS SELVED. BARKHAMISTED			
Monitoring Red	quirements		
Water System Facility: DISTRIBUTION SYSTEM (WSF ID: 00600)			
Total Coliform (3100)		1 rout	ine (RT) per quarter
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	10/1/18 - 12/31/18		Complete
	1/1/19 - 3/31/19		
	4/1/19 - 6/30/19		
	7/1/19 - 9/30/19		
Physical Parameters (PPS)		1 rout	ine (RT) per quarter
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	10/1/18 - 12/31/18		Complete
	1/1/19 - 3/31/19		
	4/1/19 - 6/30/19		
	7/1/19 - 9/30/19		
Water System Facility: ENTRY POINT (WSF ID: 00700)			
Nitrate And Nitrite (NOX)		1 r	outine (RT) per year
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
ENTRY POINT (3)	1/1/18 - 12/31/18		Complete
	1/1/19 - 12/31/19		

Other Compliance Schedules

1/1/20 - 12/31/20

Compliance Schedule Activity	Due Date	Achieved Date
CROSS CONNECTION SURVEY REPORT	3/1/2017	

Public Notification Requirements										
Compliance Notice <u>Public Notification</u> <u>PN Certification</u>										
Violation/Situation	Period	Tier	Required	Performed	Due to DPH	Received				
Physical Parameters M&R Violation	7/1/09 - 9/30/09	3	12/1/2010		12/11/2010					
Nitrate And Nitrite M&R Violation	1/1/14 - 12/31/14	2	4/6/2016		4/16/2016					
Physical Parameters M&R Violation	10/1/16 - 12/31/16	3	4/10/2018		4/20/2018					
Total Coliform M&R Violation	10/1/16 - 12/31/16	3	4/10/2018		4/20/2018					

	Water System Facility and Sampling Point Inventory										
Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule	Lead and Copper Rule Tier	Asbestos	WQP	Stage 2 DBPR		
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	Α	Υ						
		DOWNSTREAM	WITHIN 5 SERVICE CON	Α							
		UPSTREAM	WITHIN 5 SERVICE CON	Α							
00700	ENTRY POINT	3	ENTRY POINT	Α							
23091	MALLORY BROOK PLAZA - WELL #2	2	MALLORY BROOK PLAZA	Α							
56510	BLADDER TANKS										

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Connecticut Department of Public Health Drinking Water Section
Water Quality Monitoring and Compliance Schedule

		0 -		1			
PWS ID	PWS Name			Classification	Population	Owner Type	Primary Source
CT0055063	MALLORY BROOK PLAZA - WELL #2			NC	33	Р	GW
Local Address (v	vhere applicable)	Service	Residen	ntial Commerc	ial Industri	al Combine	ed Agricultural
NEW HARTFORD	ROAD (ROUTE 44)	Connections		8			

		Co	ontact Inf	ormation				
Name				า		Job Title		
Dr. Leon Reich				ok Development LLC		President		
Mailing Address Line One Mailing Addr			ress Line Two			City	State	Zip Code
et					Brooklyr	1	NY	11230-4501
Extension	Fax	Mo	obile Phone	Emergency Phone	Email Address			
				203-449-6166				
	eet	eet	e One Mailing Addr	Organization Mallory Brod e One Mailing Address Line Two eet	eet Extension Fax Mobile Phone Emergency Phone	Organization Mallory Brook Development LLC e One Mailing Address Line Two eet Brooklys Extension Fax Mobile Phone Emergency Phone Email Ad	Organization Mallory Brook Development LLC President e One Mailing Address Line Two City et Brooklyn Extension Fax Mobile Phone Emergency Phone Email Address	Organization Mallory Brook Development LLC President e One Mailing Address Line Two City State Brooklyn NY Extension Fax Mobile Phone Emergency Phone Email Address

Contact Role(s): Administrative Contact, Legal Contact, Owner

Please note the following:

- 1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
- 2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
- 3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

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End of schedule

Connecticut Department of Public Health Drinking Water Section
Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name			Classif	fication [Population	Owner Type	Primary Source
CT0050234	MDC - LAKE MCDONOUGH - EAST BEACH			N	NC	25	L	GW
Local Address (where applicable)	Service	Resider	ntial Co	ommercia	l Industri	al Combine	ed Agricultural
ROUTE 219		Connections			2			

Towns Served: BARKHAMSTED			
Monitor	ing Requirements		
Water System Facility: DISTRIBUTION SYSTEM (WSF ID:	00600)		
Total Coliform (3100)		1 rout	ine (RT) per quartei
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	4/1/19 - 6/30/19		
	7/1/19 - 9/30/19		
Physical Parameters (PPS)		1 rout	ine (RT) per quarter
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	4/1/19 - 6/30/19		
	7/1/19 - 9/30/19		
Water System Facility: ENTRY POINT (WSF ID: 00700)			
Nitrate And Nitrite (NOX)		1 r	outine (RT) per year
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
ENTRY POINT (3)	1/1/18 - 12/31/18		Complete
	1/1/19 - 12/31/19		
	1/1/20 - 12/31/20		
Other Cor	npliance Schedules		
Compliance Schedule Activity	Due Date	Achieved D	ate

Other Compliance Schedules								
Compliance Schedule Activity	Due Date	Achieved Date						
SEASONAL START UP COMPLETION	5/1/2019							
CROSS CONNECTION SURVEY REPORT	3/1/2022							

	Water System Facility and Sampling Point Inventory										
Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description		Total Coliform Rule	Lead and Copper	Asbestos	WOP	Stage		
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION	<u>Status</u> A	naic	naic rici	Assestes	WQ,	Z DDI K		
		DOWNSTREAM	WITHIN 5 SERVICE CON	Α							
		E_BEACH	FOUNTAIN	Α	Υ						
		EAST BEACH	FOUNTAIN	Α	Υ						
		UPSTREAM	WITHIN 5 SERVICE CON	Α							
00700	ENTRY POINT	3	ENTRY POINT	Α							
55167	EAST BEACH WELL	2	EAST BEACH WELL	Α							
55171	PRESSURE TANK								-		

55171 TRESSORE WITH										
Contact Information										
Name	Organization	1			Job Title					
Mr. James M. Randazzo		The MDC Mngr of Water Supply								
Mailing Address Line One	1	Mailing Addr	ess Line Two		City State Zip Co			Zip Code		
1420 Farmington Avenue					West Ha	rtford	СТ	06107		
Business Phone Extension	Fax	Mo	bile Phone	Emergency Phone	Email Ac	ldress				
860-278-7850 3104 8	60-738-2	141		860-818-7189	jrandazzo@themdc.com					
Contact Role(s): Administrative Cont	tact	·								

NOTE: This information has been provided to help owners and operators of public water systems maintain compliance with drinking water quality monitoring requirements. Any inaccuracies contained herein will not relieve the owner or operator of the requirement to maintain compliance with the applicable regulations.

(Connecticut	Depa	irtment c	of Public	Health	n Drir	ıking	Water	Section	
	Wate	r Qua	lity Moni	toring a	nd Con	nplia	nce S	Schedul	le	
PWS ID	PWS Name						ication	Population	Owner Type	Primary Source
CT0050234	050234 MDC - LAKE MCDONOUGH - EAST BEACH						С	25	L	GW
Local Address (where applicable) Service				Resider	ntial Co	mmerci	al Industri	al Combine	ed Agricultural	
ROUTE 219				Connectio	ns		2	2		
Towns Served: BA	ARKHAMSTED			•		,				
Name				Organization			Job Title			
Mr. Bart Hallorar	1		•	The MDC			Legal Council			
Mailing Address I	ine One		Mailing Addre	ess Line Two			City		State	Zip Code
The MDC			555 Main Stre	et			Hartford		СТ	06142-0800
Business Phone	Extension	Fax	Mo	bile Phone	Emergenc	y Phone	Email A	Email Address		
860-278-7850	3234						bhallor	an@themd	c.com	
Contact Role(s):	Legal Contact						•			

Please note the following:

- 1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
- 2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
- 3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

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End of schedule

Connecticut Department of Public Health Drinking Water Section Water Quality Monitoring and Compliance Schedule

PWS ID PWS Name C					sification	Population	Owner Type	Primary Source
CT0050244 MDC - LAKE MCDONOUGH-PATROL HEADQUARTERS					NC	25	L	GW
Local Address (v	Service	Resider	ntial	Commercia	al Industri	al Combine	ed Agricultural	
ROUTE 219		Connections			1			

Towns Served: BARKHAMSTED

55173 PATROL HQ WELL

Monitoring Requirements									
Water System Facility: DISTRIBUTION SYSTEM (WSF ID: 00600)									
Total Coliform (3100)	1 routine (RT) per quarto								
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status						
Select from Inventory of Active Sampling Points	10/1/18 - 12/31/18		Complete						
	1/1/19 - 3/31/19		Complete						
	4/1/19 - 6/30/19								
	7/1/19 - 9/30/19								
Physical Parameters (PPS)		1 rout	ine (RT) per quarter						
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status						
Select from Inventory of Active Sampling Points	10/1/18 - 12/31/18		Complete						
	1/1/19 - 3/31/19		Complete						

Water System Fac	cility: ENTRY POINT	(WSF ID: 00700)
water bystern rat	HILLY. LINITAL FORM	(10 . 00 / 00 /

Nitrate And Nitrite (NOX)	1 routine (RT) per ye					
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status			
ENTRY POINT (3)	1/1/18 - 12/31/18		Complete			
	1/1/19 - 12/31/19					
	1/1/20 - 12/31/20					

4/1/19 - 6/30/19 7/1/19 - 9/30/19

Other Compliance Schedules

Water System Facility and Sampling Point Inventory

 Compliance Schedule Activity
 Due Date
 Achieved Date

 RESPOND TO SANITARY SURVEY
 12/27/2013

		•	, ,			•			
Water					Total	Lead and			
System	Water System Facility	Sampling Point	Sampling Point		Coliform	Copper		St	tage
Facility IE)	ID	Description	Status	Rule	Rule Tier	Asbestos	WQP 2 I	DBPR
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION	Α					
		DOWNSTREAM	WITHIN 5 SERVICE CON	Α					
		FUZZ HUT	GENERATED BY BATCH	Α	Υ				
		FUZZ HUT SE	ASONAL FO	Α	Υ				
		PATROL_HQ	FUZZ HUT FOUNTAIN	Α	Υ				
		UPSTREAM	WITHIN 5 SERVICE CON	Α					
00700	ENTRY POINT	3	ENTRY POINT	Δ					

55179 PRESSURE TANK										
Contact Information										
Name Organization Job T										
Mr. James M. Randazzo	The MDC	Mngr of Water Supply								
Mailing Address Line One	Mailing Address Line Two		City		Zip Code					
1420 Farmington Avenue		West Ha	artford	СТ	06107					

PATROL HQ WELL

Α

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(Connecticut Department of Public Health Drinking Water Section									
	Wat	ter Qua	lity Moni	toring a	nd Con	nplia	nce S	chedul	e	
PWS ID F	PWS Name					Classif	ication	Population	Owner Type	Primary Source
CT0050244	050244 MDC - LAKE MCDONOUGH-PATROL HEADQUARTERS					N	С	25	L	GW
Local Address (where applicable) Service Reside						ntial Co	mmercia	l Industri	al Combine	ed Agricultural
ROUTE 219 Connections				ns		1				
Towns Served: BA	RKHAMSTED			1	'	-		1		'
Business Phone	Extension	Fax	Mo	bile Phone	Emergence	y Phone	Email A	ddress		
860-278-7850	3104	860-738-	2141		860-818	-7189	jrandazzo@themdc.com			
Contact Role(s):	Administrative	Contact								
Name				Organization			Job Title			
Mr. Bart Halloran	1		•	The MDC				Legal Cou	ncil	
Mailing Address L	ine One		Mailing Addre	ess Line Two				City	State	Zip Code
The MDC			555 Main Stre	et			Hartfor	d	СТ	06142-0800
Business Phone	Extension	Fax	Mo	bile Phone	Emergence	y Phone	Email Address			
860-278-7850	3234						bhallora	an@themd	c.com	
Contact Role(s):	Legal Contact									

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http://www.ct.gov/dph/publicdrinkingwater

End of schedule

	Connecticut Department of	of Public H	lealth	D	rinking	Water	Section	<u>1</u>	
	Water Quality Mon				_	,			
PWS ID									
CT0050254	VILLAGE OF BOULDER RIDGE- WELL #2				NC	25	Р		GW
Local Address (v	vhere applicable)	Service	Residen	tial	Commerci	al Industri	al Combin	ned	Agricultural
104 GOOSE GRE	104 GOOSE GREEN ROAD Connection								
Towns Served: I	BARKHAMSTED						,		
	Moni	toring Requ	uireme	nts	;				
Water System	Facility: DISTRIBUTION SYSTEM (WSF	ID: 00600)							
Total Coliforn	n (3100)						1 routine (DT/	nor month
							,	RI)	pei illollul
Sumpling i	Point (Sampling Point ID)		Monitori	ing F	Period C	ollection Pe	-	-	ince Status
	Point (Sampling Point ID) In Inventory of Active Sampling Points		<i>Monitori</i> 4/1/19				-	-	•
	, , , , , , , , , , , , , , , , , , , ,			- 4/3	0/19		-	-	•
	, , , , , , , , , , , , , , , , , , , ,		4/1/19	- 4/3 - 5/3	30/19 31/19		-	-	•
	, , , , , , , , , , , , , , , , , , , ,		4/1/19 - 5/1/19 -	- 4/3 - 5/3 - 6/3	30/19 31/19 30/19		-	-	•

	9/1/19 - 9/30/19		
Physical Parameters (PPS)		1 rou	tine (RT) per month
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	4/1/19 - 4/30/19		
	5/1/19 - 5/31/19		
	6/1/19 - 6/30/19		
	7/1/19 - 7/31/19		
	8/1/19 - 8/31/19		
	9/1/19 - 9/30/19		

Water System Facility: ENTRY POINT (WSF ID: 00700)			
Nitrate (1040)		1 rout	ine (RT) per quarter
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
ENTRY POINT (3)	10/1/18 - 12/31/18		
	1/1/19 - 3/31/19		
	4/1/19 - 6/30/19		
	7/1/19 - 9/30/19		
Nitrite (1041)		1 r	outine (RT) per year

Nitrite (1041)		1 rc	outine (RT) per year
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
ENTRY POINT (3)	1/1/18 - 12/31/18		Complete
	1/1/19 - 12/31/19		
	1/1/20 - 12/31/20		

Other Compliance Schedules Compliance Schedule Activity Due Date Achieved Date SEASONAL START UP COMPLETION 4/1/2019

	Water System Facility and Sampling Point Inventory									
Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule	Lead and Copper Rule Tier	Asbestos		Stage 2 DBPR	
00600	DISTRIBUTION SYSYTEM	4	DISTRIBUTION SYSYTEM	Α						
		DOWNSTREAM	WITHIN 5 SERVICE CON	Α						
		UPSTREAM	WITHIN 5 SERVICE CON	Α						
00700	ENTRY POINT	3	ENTRY POINT	Α						

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	Connecticut Department of Fubile fleatin Diffixing Water Section									
	Water Quality Monit	oring and	d Con	npl	iance S	Schedul	e			
PWS ID PWS Name					ssification	Population	Owner Type	Primary Source		
CT0050254 VILLAGE OF BOULDER RIDGE- WELL #2					NC	25	Р	GW		
Local Address (where applicable)		Service	Residential		Commerci	al Industri	al Combine	ed Agricultural		
104 GOOSE GRE	Connections 2									
Towns Served: E	BARKHAMSTED									

Connecticut Department of Public Health Drinking Water Section

	1	Nater Sy	stem Facili	ity and S	ampling Poi	nt Ir	nvento	ry			
Water System Water Sy Facility ID 56755 WELL #2	ystem Facility		Sampling Point ID 2	Sampling I Description WELL #2		Status A	Total Coliform Rule		Asbestos	Stage WQP 2 DBP	
			Con	tact Info	rmation						
Name			О	rganization					Job Title		
Mr. Oscar Ebner				illage On Bo	ulder Ridge		Ma	nager			
Mailing Address Lin	e One		Mailing Addres		<u>_</u>			ity	State	Zip Code	
1 Torrington Office	Plaza		Ste. 308			То	rrington		СТ	06790	
Business Phone	Extension	Fax	Mobi	ile Phone	Emergency Pho	ne En	nail Addre	SS			
860-626-8300					860-459-8473						
Contact Role(s): Le	gal Contact				,						
Name			0	rganization					Job Title		
Mr. Kevin R. Ebner			El	Ebner Camps Inc. President							
Mailing Address Line One			Mailing Addres	Mailing Address Line Two			City		State	Zip Code	
176 Migeon Avenue	5						rrington		СТ	06790	
Business Phone	Extension	Fax	Mobi	ile Phone	Emergency Pho	ne En	nail Addre	l Address			
860-379-4050		860-626-8	3301		860-459-8473	Ke	Kevin@awosting.com				
Contact Role(s): Le	gal Contact										
Name			0	rganization					Job Title		
Boulder Village Pro	perties LLC										
Mailing Address Lin	e One		Mailing Addres	s Line Two			С	ity	State	Zip Code	
176 Migeon Ave						То	rrington		СТ	06790	
Business Phone	Extension	Fax	Mobi	ile Phone	Emergency Pho	ne En	nail Addre	SS			
Contact Role(s): O	wner										
Name			0	rganization					Job Title		
Mr. Darren Ley											
Mailing Address Lin	e One		Mailing Addres	s Line Two			С	ity	State	Zip Code	
176 Migeon Ave						То	rrington		СТ	06790	
Business Phone	Extension	Fax	Mobi	ile Phone	Emergency Pho	ne En	nail Addre	SS			
860-379-6500						da	rren@bou	ulderday.co	m		
Contact Role(s): A	dministrative C	ontact									

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- 2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
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End of schedule